

**From:** Brad Nelson  
**To:** Matthew Clary - mclary  
**Sent:** 12/4/2015 10:21:00 PM  
**Subject:** RE: Dr. Falzuddin Shareef

true

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**From:** Matthew Clary - mclary  
**Sent:** Friday, December 04, 2015 4:20 PM  
**To:** Brad Nelson  
**Subject:** Re: Dr. Falzuddin Shareef

Ok. We will then let the RTF results initiate any needed review from DEA if required. Correct?

Sent from my iPhone

On Dec 4, 2015, at 4:17 PM, Brad Nelson <[Brad.Nelson@walmart.com](mailto:Brad.Nelson@walmart.com)> wrote:

I would provide them with these best practices

**COMPLIANCE RIGHT WAY EVERY DAY**  
**REFUSAL TO FILL.**

Pharmacists are granted the ability to exercise their professional judgment and choose to refuse to fill any prescription if they feel the prescription was written for other than a legitimate medical purpose. You and your staff are encouraged to review POMs 203,1311,1316,1317,1319 and 1703. Even after the Pharmacist established that there is a Dr/Patient relationship, the Pharmacist is still allowed to refuse to fill a prescription on an individual prescription basis, no blanket refusals are allowed by the Boards of Pharmacy. Key points:

- When any of the pharmacists on your team decides to not fill a prescription, then the requirements of POM 1703 apply and a refusal to fill or fraudulent activity webform **is required** to be submitted for each refusal.
- Once a pharmacist submits the refusal to fill or fraudulent activity webform, the information is then sent to the practice compliance team.
- If a pharmacist dispenses a prescription and subsequently learns (i.e. from law enforcement, a prescriber, another pharmacy or other sources) that the prescription was forged or altered, the pharmacist **is still required** to fill out the refusal to fill or fraudulent activity webform and follow the steps outlined in POM 1703.
- The documentation of these refusals is to provide details of the incident for the purposes of supporting the Pharmacists in their decision should any complaint be filed by a prescriber or patient with the Medical Board or Board of Pharmacy.

Unfortunately there are many prescribers that write for large quantities of controlled substances, however, this does not mean that you as a professional are required to fill these prescriptions. We encourage and support each Pharmacist in exercising his/her professional judgment, we simply ask that you follow the policies and procedures outlined in the Pharmacy operations manual to protect you and the company from false claims of discrimination from the Prescriber or the patient. We appreciate your concerns and understand the impact to your practice.

**From:** Matthew Clary - mclary  
**Sent:** Friday, December 04, 2015 4:14 PM  
**To:** Brad Nelson  
**Subject:** FW: Dr. Falzuddin Shareef

PLAINTIFFS TRIAL  
EXHIBIT  
**P-14552\_00001**

Hi Brad- I explained the expectation of RTF and the pharmacist responsibility to use best professional judgment along

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**From:** Terry Lewis - ttlewis.s01479  
**Sent:** Friday, December 04, 2015 3:56 PM  
**To:** Matthew Clary - mclary  
**Cc:** Geraldine Chandler - gechand.s01479; Elizabeth Kalwinski - eakalwi.s01479  
**Subject:** Dr. Falzuddin Shareef

It has come to our attention that we are one of the few stores in the area that are currently accepting any prescriptions for Dr. F. Shareef. This includes CVS, Walgreens as well as some other local Wal-Marts.

Dr. Shareef (DEA # FS0613097) has several offices in the area that are frequently staffed by individuals other than the doctor who simply fill in the name of the patient and the date on previously filled in rx's that contain the doctor's signature. Most of these prescriptions are for Adderall 30mg, some sort of anxiety medication such as Klonopin and then also various pain medications. They are usually for a 15 day supply.

When patients present the prescription they will frequently tell us they have not seen the doctor but just had the script filled in by the nurse. They also will call ahead to see if we will fill their prescription. They tell us that the doctor is aware that several stores will not take his prescriptions and advises the patients to phone ahead. They also tell us that this is usually a cash based business.

We do call the office and verify prescriptions when the writing does not match. We also check inspect on each of these patients. We would like to get some guidance on how to handle these prescriptions going forward.

Thank you,

Terry